

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

**7274**

LOCAL FILE NUMBER



### CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>HELEN</b> Middle: <b>M</b> Last: <b>CARLSON</b>				2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo, Day, Yr) <b>Aug 15, 1992</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>77</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		6. UNDER 1 DAY HOURS:      MINS:		7. BIRTHDATE (Mo, Day, Yr) <b>Jan. 24, 1915</b>	
8. BIRTHPLACE (City, State or Foreign Country) <b>Minneapolis, MN.</b>				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		10. COUNTY OF DEATH <b>King</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Redmond</b>				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>Eastside Group Health</b>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Elmer Carlson</b>		16. SOCIAL SECURITY NO.	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12):      College (1-4 or 5+): <b>2</b>				18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>				21. RACE (Specify) <b>White</b>		22. RESIDENCE—NUMBER AND STREET <b>2825 98th Avenue N.E.</b>	
23. CITY/TOWN, OR LOCATION <b>Bellevue</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25A. COUNTY <b>King</b>		25B. LENGTH OF RES. IN CO. <b>41yrs</b>	
26. STATE <b>Wash</b>		27. ZIP CODE <b>98004</b>		28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Albert Erwin</b>			
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Sarah White</b>				30. INFORMANT—NAME <b>Elmer Carlson</b>			
31. MAILING ADDRESS <b>2825 98th Avenue N.E.</b>				32. CITY OR TOWN <b>Seattle, Washington</b>			
33. STATE <b>98004</b>				34. ZIP			
35. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		36. DATE (Mo, Day, Yr) <b>08-17-1992</b>		37. CEMETERY/CREMATORY—NAME <b>Uniservice Crematory</b>		38. LOCATION—CITY/TOWN, STATE <b>Seattle Washington 98109</b>	
39. FUNERAL DIRECTOR SIGNATURE <b>X [Signature]</b>		40. NAME OF FACILITY <b>Bleitz Funeral Home</b>		41. ADDRESS OF FACILITY <b>316 Florentia St, Seattle WA</b>		42. ADDRESS OF FACILITY <b>98109</b>	
43. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X [Signature] Dean Weaver</b>				44. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X [Signature]</b>			
45. DATE SIGNED (Mo., Day, Yr) <b>8-17-92</b>		46. HOUR OF DEATH (24 Hrs) <b>0800</b>		47. DATE SIGNED (Mo., Day, Yr)		48. HOUR OF DEATH (24 Hrs)	
49. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dean Weaver, M.D.</b>				50. PRONOUNCED DEAD (Mo., Day, Yr)		51. HOUR PRONOUNCED DEAD (24 Hrs)	
52. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Dean Weaver, M.D. 2701 156th Ave NE Redmond, Wa</b>				53. ME/CORONER FILE NUMBER			
54. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Combined Obstructed Pulmonary Disease</b> DUE TO, OR AS A CONSEQUENCE OF: B. <b>Lung Cancer - not Biopsied.</b> DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D.				INTERVAL BETWEEN ONSET AND DEATH	
55. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECORDED IN THE UNDERLYING CAUSE GIVEN ABOVE:		56. AUTOPSY? (Yes / No) <b>No</b>		57. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>		58. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	
59. INJURY DATE (Mo, Day, Yr)		60. INJURY AT WORK? (Yes / No)		61. PLACE OF INJURY—AT HOME, FARM, STREET, ETC. (Specify)		62. INJURY OCCURRED:	
63. RECORD AMENDMENT (Registrar use only) ITEM:      DOCUMENTARY EVIDENCE:      REVIEWED BY:      DATE:		64. DATE RECEIVED (Mo., Day, Yr.) <b>AUG 17 1992</b>		65. LOCAL:      STREET OR RFD NO., CITY/TOWN, STATE			



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.